

# Montana Notes for the ECERS-3

## General Notes

No Items are omitted from Montana scoring.

Montana Additional Notes supersede the Author's Additional Notes

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For detailed description of the indicators, please refer to the All About the ECERS-3 book.

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## Accessibility

Materials should be stored on low, open, uncrowded shelves. Materials should be stored in bins or containers that clearly show what is inside, such as a see-through container or container label with a picture of what is inside. If materials are stored in containers, they should be without lids. If lids are used, they should be easy to open and close by all children. Containers must not be too heavy that children cannot remove them independently from shelves. Materials must not be stored in such a way that bins must be tipped over rather than removed from the shelf by children or large heavy items stored above the children heads when playing.

For materials to be counted as accessible to children, they must be able to reach and use the materials for a minimum of 25 minutes but should be longer. Less time is required for programs operating less than 3 hours a day, with the minimum amount of time being 20 minutes,

Materials are considered accessible only if it is observed that children freely access and are permitted to use most of the materials. If programs limit the number of children in areas, they must ensure that all children have a reasonable opportunity to access materials for a substantial portion of the day. A reasonable opportunity requires that materials are accessible throughout the day, both indoors and outdoors. If children request access to materials and are prevented from using them, there must be other opportunities to use the same materials in other areas. Keep in mind that non-mobile infants do not have access to the materials if the materials are not placed within easy reach of the infant.

## Handwashing

The 2011 edition of Caring for Our Children (page 113) states that hand sanitizers can be used in place of handwashing unless hands are visibly soiled. Use can be by adults and children 2 years of age and older. Therefore, the use of hand sanitizers is acceptable when scoring these indicators as long as the product contains 60- 95% alcohol, manufacturer's instructions are followed, and very close supervision of children is provided to ensure proper use and to avoid ingestion or contact with eyes and mucous membranes. Be sure to check to be sure that the manufacturer's directions for use are followed exactly, because if not, do not give credit for any time when not followed. You should ask to see the original container with directions for use, if it is not observable. If children are not closely supervised when using the sanitizer, consider in supervision-related indicators for the item specifically, and also in Safety and Supervision.

If hands are visibly dirty, handwashing, according to the required procedure is still required. Antibacterial soaps should not be used. Children using shared art or sensory materials must wash hands, or use hand sanitizer according to directions, both before and after use.

Handwashing or use of a hand sanitizer is required for all ERS observers upon entering the program. The use of some shared art and sensory materials will not require hand washing before use. Moist or wet materials are more likely to spread germs than dry materials. For example, shared crayons would not require hand hygiene before or after use, while having two children share play dough, or finger paint on one surface,

would require it. Similarly, hand hygiene would not be required before using shared dry sand (just after), but if water were shared, then hand hygiene would be required both before and after use.

Hand washing must be completed in these steps:

1. Check to be sure a clean, disposable paper (or single-use cloth) towel is available.
2. Turn on warm water, no less than 60 degrees F and no more than 120 degrees F, to a comfortable temperature.
3. Moisten hands with water and apply liquid soap to hands. Soap should not be anti-bacterial soap. *(Is considered in Item 10 Health Practices at the 7 level)*
4. Rub hands together vigorously until a soapy lather appears and continue for at least 20 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands.
5. Rinse hands under running water, no less than 60 degrees F and no more than 120 degrees F, until they are free of soap and dirt. Leave the water running while drying hands.
6. Dry hands with the clean disposable paper or single use cloth towel.
7. If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel.
7. Throw the disposable paper towel into a lined hands-free trash container; or place single-use cloth towels in the laundry hamper; or hand individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

## Montana Diaper Changing Procedure

Staff must have clean/sanitized hands when beginning the diaper changing procedure.

1. Prepare for diapering by getting out all supplies that will be needed ahead of time, including:
  - o Wipes (removed from their container), enough to clean the child and to clean the adult's and the child's hands.
  - o New diaper
  - o Plastic bag for dirty clothes and change of clothes, if needed
  - o Disposable gloves, if used (gloves are not required)
  - o A dab of diaper cream on a paper towel, if needed (with an extra glove or tissue to apply the cream)
2. Bring the child to the diapering table and remove clothing as needed to access the diaper. If clothes are dirty, place them in the plastic bag and tie up to be sent home.
3. Open the child's diaper but leave the diaper under the child's bottom while cleaning.
4. Clean the child's bottom, wiping front to back, using the soiled side of the wipe only once. Throw away the diaper and wipes in a hands-free lined and covered trash container.
5. If wearing gloves, remove and throw away. Wipe your hands with a clean wipe, followed by wiping the child's hands with a second clean wipe. Throw wipes away.
6. Place the clean diaper under the child and use clean gloves or tissue to apply diaper cream if needed and throw away.
7. Redress the child.
8. Wash the child's hands following the proper handwashing procedure and return the child to the play area without touching any other surfaces.
9. Throw away the paper liner (if used). Remove any visible soil from the diaper changing surface with a soapy water solution, a wet soapy paper towel, or cleaning wipe.
10. Disinfect the diapering surface with a bleach/water solution, air dry or let sit for at least 2 minutes and then wipe dry or disinfect with an approved equivalent solution, following manufacture instructions for use.
11. Wash hands following the handwashing procedure.

When a diapering table is not used, an alternative diapering surface is considered adequate if the surface is nonporous and can be cleaned and sanitized. In addition, the surface must be long and wide enough to accommodate the child's whole body from head to foot. The diapering surface must minimize the chance for contamination of surrounding surfaces. Such a diapering surface is acceptable only if diapering can be completed without contamination of surrounding areas. When children are changed standing up while wearing a pull-up or diaper the same rules apply.

Provider's hands must be washed after the changing procedure is completed, after diaper checks, and after helping children with toileting. Children's hands must be washed after diapering and toileting.

For the purpose of the scales, pull-ups are held to the same standards as diapers.

## Scoring

Levels of quality build expectations from minimal to good to excellent. Consider not only the requirements of the indicator, but the level of quality documented as general practice throughout the observation.

## Supervision

Keep in mind that positive interactions from the staff that are regularly scheduled to work in a classroom with the children that are being observed are considered in scoring. Only the negative interactions of other adults can be considered. In addition, the children listed on the classroom roster can't be moved to another classroom during the assessment. If children are transferred during the assessment, the assessment will be called (cancelled) because it is no longer a valid assessment.

Staff must be able to hear children at all times, must be able to see children with a quick glance, and must be able to physically respond immediately, leaving no child unattended. Special attention during high-risk activities, such as eating, etc. are required to adequately protect children. The ages and developmental level of the children should also be taken into consideration during these activities to determine the level of supervision needed.

## Sanitizing/Disinfecting

Disinfectant and/or anti-bacterial wipes do not count for sanitization purposes. Products that can be given credit as sanitizing/disinfecting solutions are: bleach and water solution; or a commercial product that states on the label or manufacturer's products sheet it kills 99.9% of germs, kills HIV virus, or is an EPA registered product. All commercial products used for sanitizing must be used according to manufacturer's instruction. Play materials that come into contact with bodily fluids must be cleaned and sanitized after each child's use. Toys that do not come into contact with bodily fluids should be sanitized weekly or when visibly soiled (page 106, Caring for Our Children.)

The 2011 edition of Caring for Our Children has issued a new recommendation for use of a diluted bleach solution for sanitizing and disinfecting because many brand name companies have changed their bleach solution and there is no longer a consistent solution across different brands. The new recommendation advises us to use only EPA approved products for sanitizing and disinfecting; follow the manufacturer's instructions for diluting the bleach solution and for the required contact time. Programs that use a sanitizing and/or disinfecting solution that is not bleach must get approval from their local sanitarian and have proof of approval on-site at all times. Approval must include use for eating surfaces, diapering/toileting, handwashing surfaces, and sanitizing toys. If approval is not given for all of the above listed instances, then the approval must outline what is approved for use.

## Weather

Inclement weather Taken from Caring for Our Children National Health and Safety Performance Standards - Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well.

Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service.

Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone alerts. Such air quality conditions shall require that children remain indoors where air conditioners ventilate indoor air to the outdoors. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels.

8: Meals/Snacks	<b>5.5</b>	Staff and children are required to eat together family style during most meals. Staff and children must participate in the same meal. Some foods must be dished up so that children can serve themselves. Staff must sit at the table and eat with the children to help facilitate conversations, help with the meal service, and supervise children while eating. There must be at least one staff person at each table, or an attempt made by staff to include all children in the conversations, make sure they are served and receive foods, and are closely supervised.
9: Diapering/Toileting		<i>Caring for our Children has revised the diaper changing procedure to require diaper changing paper and the diaper is to now be folded under the child and left under the child while using wipes. The previous procedure required the staff member to remove the diaper and immediately throw it into a hands-free trash container.</i>
		Montana will NOT require the use of diapering changing paper.
10: Health Practices	<b>5.5</b>	Two coverings are required for children over 12 months of age - One to cover the type of bedding used and one for the child to have access to in order to cover up with.
	<b>7.1</b>	Credit cannot be given at this level if antibacterial soaps are used. This is in alignment with the authors of the tool and Caring for our Children.
19: Music and Movement	<b>3.2</b>	Any music for this indicator including radio, TV music channels, CD's, tapes, etc. must be appropriate for use with children, in that the music contains no violent or sexually explicit material or language that is unacceptable according to typical societal standards.